

SUPPORTED EMPLOYMENT MANUAL



***SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SUPPORTED EMPLOYMENT
MR/RD Division – 2006***

SUPPORTED EMPLOYMENT GUIDELINES

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SECTION 1

INTRODUCTION

❑ Mission Statement of the South Carolina Department of Disabilities and Special Needs: Supported Employment Program

The mission of the Supported Employment Program of the South Carolina Department of Disabilities and Special Needs (DDSN) is to work towards the understanding , respect and support in securing appropriate employment for all customers. We pledge to promote and support an innovative business environment where customers have equal access to employment opportunities and a work and community environment where all are encouraged to reach their full potential. Within this environment we encourage the networking of the customer, their families, service providers and businesses to achieve respect, acceptance and inclusion of employees with disabilities within the community.

Definition of Supported Employment

*As defined by **PL 99-506**, the Rehabilitation Act Amendments of 1986 and 1992, supported employment is:*

- “competitive work in an integrated work setting for individuals with the most severe disabilities;*
- for whom competitive employment has not traditionally occurred;*
- or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and*
- who, because of the nature and severity of their disability, need intensive supported employment services or extended services in order to perform such work.”*

- (PL 99-506, the Rehabilitation Act Amendment

❑ What is Supported Employment?

Overview of Supported Employment

Supported employment is an employment support service developed to serve individuals who have not been able to gain and maintain paid employment through more traditional rehabilitation approaches. “Traditional rehabilitation approaches” for individuals with severe disabilities have typically been characterized by pre-employment training programs with the intended outcome being employment *at the end* of the employment preparation program. In supported employment, the order of service delivery reflects placement of an individual into a paid job and then training or facilitating supports for him or her to be able to perform the duties required for the position. Training energies are used to train the individual to perform the actual work duties in the actual employment setting thereby removing the need for the individual to generalize and transfer skills from a pre-employment training site to the actual work site.

Supports are provided to an individual in an employment situation in varying degrees of intensity will probably be comprised of a combination of both on and off-site supports, but are always designed to meet each individual’s particular needs. The delivery of support services is a combination of direct and indirect involvement by a trained professional called a supported employment specialist, employment consultant, (or job coach). The employment specialist works with the supported employee, employer, and co-workers at the work site to facilitate development of natural employee-employer-coworker relationships given the particular work activities and work culture. In some instances, the employment specialist may provide much of the direct training of the supported employee, or he or she may support the employer or a coworker in providing the training themselves. Supported employment is designed to enable the individual with severe disabilities to succeed in the integrated employment setting and to be accepted and included in the work and social culture of the employment setting to the maximum extent possible. The involvement of the employment specialist fades gradually over time to a level of support necessary to assure that the supported employee maintains his or her status as a valued employee. A minimum level of support of two contacts each month has been established within the regulations set forth by the Rehabilitation Act Amendments of 1992

Supported Employment is defined in the Rehabilitation Act Amendments of 1992 as competitive employment in integrated work settings “for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and who because of the nature and severity of their disability, need intensive supported employment services or extended services in order to perform such work.” Transitional employment for individuals with the most severe disabilities due to mental illness is also included in the definition of supported employment. (U.S. Dept. of Education, 1993).

Supported employment is a holistic approach which capitalizes on the strengths and abilities of each individual. The supported employment specialist (SES) works with an individual to identify an employment objective and then implements a plan to achieve that objective. Barriers to employment are identified and then systematically eliminated by the employment specialist and others who make up the supported employees circle of support.

Although the basic process of supported employment was originally developed for people with severe intellectual disabilities the same process is being used to achieve employment objectives for other individuals whose primary disability is not intellectual deficit. For example, a man with severe cerebral palsy and a law degree is supported in obtaining his position in state government. Another young man with autism is trained and supported in his position processing car loans for a large bank operations center. Another man with severe physical disability operates a mini-computer in a bank and is supported by his employment specialist and his co-workers. Individuals with psychiatric disabilities, sensory impairments, physical disabilities, and traumatic brain injury are supported in employment situations in keeping with their level of ability and vocational interests. Supported employment has demonstrated an ability to serve individuals with varying vocational and intellectual levels.

-Career Support Services, Inc., Richmond,

SECTION 2

SUPPORTED EMPLOYMENT STANDARDS

❑ The Supported Employment Standards

The supported employment standards set forth in this document are based on best practices in supported employment and are designed for the individual service provider to use as a model when planning for the employment goals and employment opportunities for each customer. These standards are to be used in accordance with the guidelines set forth in the SCDDSN Supported Employment Guidelines and are to be the driving force to assess, evaluate, place, train and support the customer driven approach to supported employment for people with disabilities. The customer driven approach to supported employment is to assist persons with severe or significant disabilities in obtaining and maintaining community integrated competitive employment through specifically individualized planned supports. The focus of the customer driven approach to supported employment is on the customer and their identification of interests, preferences, abilities, and goals.

It is the responsibility of the service provider to assist with needed and wanted supports that have been identified by the customer. The standards outlined in this manual adhere to the assumption that those customers served under contract with SCDDSN will be served through individual placement with a focus on self-advocacy and customer satisfaction. To maintain a high standard of service for the customers by the service provider, it is imperative that each employment specialist and supported employee develop a partnership to achieve the highest quality of service possible in securing employment opportunities for the customer. All staff employed to provide the services of the SCDDSN contract are required to follow the standards and guidelines in this manual to insure quality customer driven services and outcomes for each customers.

Supported Employment services must be provided by staff designees of the independent provider under contract with the South Carolina Department of Disabilities and Special Needs (SCDDSN). Failure to comply with the regulations set forth in these standards may terminate the contractual obligations of the independent provider as set forth by the SCDDSN

| SUPPORTED EMPLOYMENT STANDARDS <i>(Effective July, 2005)</i> | GUIDANCE | POLICIES & PROCEDURES REFERENCE | DOCUMENTATION AND FORMS | FIRST HEALTH COMPLIANCE REVIEW |
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| CUSTOMER SUPPORT STANDARDS 800 – 809 | | | | Current Supported Employment Review Indicators |
| <p>800 Referral to Supported Employment</p> <p>All referrals for supported employment services must come through Service Coordination based on Supported Employment entrance criteria. A recommendation of supported employment services will then be made by Supported Employment personnel based upon entrance criteria, needs and preferences from the initial interview, employment assessment and customer profile.</p> | <ol style="list-style-type: none"> 1. All referrals for supported employment services must originate from Service coordination 2. Entrance criteria for Supported Employment Services are: <ul style="list-style-type: none"> -Customer is able to participate in a competitive employment environment within the community without continued/ongoing support of paid staff -Customer understands that competitive employment is a time limited service -Maximum units for Supported Employment Services will not exceed a total of 300 units* per customer <ul style="list-style-type: none"> *Additional units will only be authorized through a determination of needed additional Supported Employment Services by SC DDSN -The employment goal will be to achieve stabilization and independence within the workplace without support from paid staff -Customer desires to achieve a lifelong career within the workforce 3. Date of referral to Supported Employment is date Supported Employment referral authorization form is received from Service Coordination. 4. Recommendation of services (results of initial | <p>-Section 2 p. 15</p> <p>-45 Day Referral Flow Chart – p. 14</p> | <p>-IPSE, Sections 1 and 2</p> <p>-Referral Authorization Form</p> <p>-Initial Interview</p> | <p>G5-01</p> <p>The Supported Employment Record contains a copy of the current Supported Employment Referral Authorization Form and the form reflects the need for Supported Employment Services and a recommendation of services is made based upon needs and preferences of the consumer.</p> <p>GUIDANCE:</p> <p>Review the supported employment record to assure it contains a copy of the current Supported Employment Referral Authorization form and the form reflects the need for Supported Employment Services and recommendations of needed services are made based upon the customer's needs and preferences.</p> <p>Score “Yes” if a current Supported Employment Referral Authorization form is present in the record and the form reflects the need for Supported Employment Services. Section I of the form is completed by the Service Coordinator and Section 2 is completed</p> |
| <div> <div>DDSN – Supported Employment Manual</div> <div>6</div> </div> | | | | |

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| | <p>interview employment assessment and customer profile) will be documented in Sections 2 and 3 of the Individual Plan of Supported Employment (IPSE) within forty-five (45) business days of the date the authorization of referral form is received from Service Coordination.</p> <p>5. MR/RD Form A-11(8/04) must be received from Service Coordination before Supported Employment Services can be provided for customers funded through the MR/RD Waiver.</p> <p>6. MR/RD Form VR (10/03) Request for Determination of Availability of Service must be received from Service Coordination before Supported Employment Services can be provided for customers funded through the MR/RD Waiver.</p> <p>7. Upon receipt of the Supported Employment Referral from Service Coordination, customers must be recorded as active/receiving Supported Employment Services on the STS.</p> | | <p>by the Supported Employment personnel.</p> <p>Score "N/A" if the Consumer is not receiving Supported Employment services.</p> <p>G9-16 (WAIVER ONLY) Evidence that services are not available under the VR program is present if the individual receives Supported Employment or Prevocational services.</p> <p>GUIDANCE: Review the record to determine if the individual is receiving Supported Employment or Prevocational services through the MR/RD Waiver. If either service is received, review record to locate documentation supporting that this service is not available under a VR program for the consumer (VR sign-off form).</p> <p>Score "Yes" if evidence is available in the record to support that the service is not available under a VR program (VR sign-off form present).</p> <p>Score "No" if evidence is not available in the record to support that the service is not available under a VR program (VR sign-off form present).</p> <p>Score "N/A" if the Waiver participant is not receiving Prevocational or Supported Employment services or if the consumer is not a participant in the MR/RD Waiver.</p> |
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| CUSTOMER SUPPORT STANDARD | GUIDANCE | PROCEDURES | DOCUMENTATION | FIRST HEALTH |
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| 801 Supported Employment Assessment Every customer referred for supported employment services will be assessed or have with them a current and valid assessment in vocational and self-advocacy skills. The vocational assessments will identify the vocational skills needed to enhance the customer's employment opportunities. Self-advocacy skills assessment is designed to empower the customer to be aware of his/her strengths and weaknesses and take an active part in the decision making process. As a result of these assessments and the customer interview a customer profile will be documented in Section 3 of the IPSE by the employment specialist. | <ol style="list-style-type: none"> 1. If assessment documentation is not available at the time of referral, the IPSE supported employment assessments (Assessment for Day Services, as a minimum assessment) must be conducted within twenty (20) business days of date of initial interview and documentation of results entered by the employment specialist in Section 3 (Customer Profile) of the IPSE. 2. If assessment documentation is available at the time of referral, documentation must be valid and current within the last year. 3. Job reinforcement/self advocacy skills needed or requested by the customer while receiving supported employment services will be provided by the employment specialist | <p>Section 2 pp 15-16</p> <p>-45 Day Referral Flow Chart– p. 14</p> | <p>-Assessment form</p> <p>IPSE, Sections 2 and 3</p> | <p>G5-02 Supported Employment assessment and Consumer Profile are completed and results are documented in the Supported Employment record</p> <p>GUIDANCE: Review the Supported Employment record to ensure that it contains a copy of a current Supported Employment assessment with documentation of results and Section 3, Consumer Profile of the IPSE has been developed and documentation of activities recorded in the IPSE. An IPSE assessment must be conducted within thirty-five (35) business days of date of receipt of referral from Service Coordination for Supported Employment services.</p> <p>Score “Yes” if a pre-employment assessment is present and current and Section 3, Consumer Profile is completed and documented in the Individual Plan of Supported Employment (IPSE).</p> <p>Score “N/A” if the Consumer is not receiving Supported Employment services.</p> |

| CUSTOMER SUPPORT STANDARD | GUIDANCE | PROCEDURES | DOCUMENTATION | FIRST HEALTH |
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| <p>802. Individual Plan of Supported Employment (IPSE)</p> <p>The Individual Plan of Supported Employment (IPSE) is the official agreement of partnership with the customer outlining the customer's goals, objectives, and activities for employment. The IPSE also outlines the activities and services of the provider. This document will be utilized to insure the customer is receiving appropriate customer driven services with his/her interests and preferences taken into consideration.</p> | <ol style="list-style-type: none"> 1. The IPSE must be developed by the employment specialist with full participation of the customer throughout the process to ensure identification of the customer's interests and preferences. 2. All sections of the IPSE must be completed in accordance with the customer's needs, interests and preferences (Customer driven). 3. The Individual Plan of Supported Employment (IPSE) Sections 1-3 must be developed within twenty (20) business days of date of initial interview 4. The customer must sign the IPSE, Section 4 within twenty (20) business days of date of initial interview to indicate that he/she agrees to all the terms and conditions of the document 5. The customer understands and agrees to abide by the entrance criteria outlined in the agreement. 6. The IPSE must be implemented within ten (10) days of document signing | <p>Section 2, p 16</p> | <p>-Referral Authorization Form</p> <p>-Assessment Form</p> <p>-Customer Profile</p> <p>- IPSE, Sections 1-4</p> | <p>G5-03</p> <p>*SANCTIONABLE*</p> <p>INDIVIDUAL PLAN OF SUPPORTED EMPLOYMENT (IPSE) IS LOCATED IN THE SUPPORTED EMPLOYMENT RECORD.</p> <p>GUIDANCE</p> <p>*SANCTIONABLE*</p> <p>Review the Supported Employment record to ensure that it contains a copy of the consumer's current and updated Individual Plan of Supported Employment (IPSE). The Individual Plan of Supported Employment must be implemented within forty-five (45) business days of receipt of referral from Service Coordination.</p> <p>Score "Yes" if the consumer's current Individual Plan of Supported Employment (IPSE) is dated, signed updated and present in the Supported Employment record and complies with the specified time limits stated within the Supported Employment Standards.</p> <p>Score "N/A" if the Consumer is not receiving Supported Employment services.</p> |

| CUSTOMER SUPPORT STANDARD | GUIDANCE | PROCEDURES | DOCUMENTATION | FIRST HEALTH |
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| <p>803 Implementation of the Individual Plan of Supported Employment</p> <p>The Individual Plan of Supported Employment (IPSE) must be implemented within forty-five (45) days of receiving the referral authorization form from Service Coordination and within ten (10) days of completion of IPSE Assessment.</p> | <p>1. Service Coordination will be notified in writing (Referral Authorization Form, Part II) within ten (10) days of document signing and within forty-five (45) days of receiving Referral Authorization Form to document customer's status</p> <p>1.1 Supported employment services</p> <p>1.2 Recommendation of referral to other services as needed (i.e. Enclave, Mobile Work Crew, Individual Rehabilitation Supports, Prevocational, Day Habilitation, Mental Health, etc.)</p> <p>1.3 STS awaiting services</p> <p>1.3.1 Customers referred for supported employment services may only be placed on a waiting list, as documented in Section 11 of the IPSE, as a result of:</p> <ul style="list-style-type: none"> -Employment opportunities not available -Employment specialists not available -Availability of slots <p>1.3.2 Supported employment provider must make <u>contact</u> with each customer on the supported employment waiting list at least every thirty (30) days and document in Section 11 of the IPSE to update and review the progress of the customer and the availability of services.</p> <p>1.3.3 The customer's status as "waiting" must be <u>reevaluated</u> at least every 90 days for determination of services and documented in Section 11 of the ISPE, and a copy sent to Service Coordination</p> <p>1.3.4 A reevaluation of the customer is <u>required</u> at the completion of one (1) year on the waiting list and recommendations documented in Section 11 of the ISPE and a copy sent to Service Coordination.</p> <p>2. Referral Authorization Form, Section II completed and sent to Service Coordination.</p> <p>3. A copy of the amended IPSE will be sent to</p> | <p>Section 2, pp 16-17</p> | <p>-IPSE, Sections 1-4</p> <p>-Referral Authorization Form, Section II</p> | <p>G5-04</p> <p>Person Centered Planning through a Consumer Driven Approach is evident in the Supported Employment record</p> <p>GUIDANCE: Review the Individual Plan of Supported Employment, Section 4, Terms and Conditions to evidence the Consumer participated in decisions regarding his/her supported employment services and the consumer's abilities, interests and preferences have been taken into consideration in the development and implementation of this supported employment agreement.</p> <p>Score "Yes" if the Consumer's record has evidence that a Consumer driven approach was utilized.</p> <p>Score "N/A" if the Consumer is not receiving supported employment services</p> |

| | Service Coordination only when requested by the service coordinator | | | |
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| 804 Monitoring and Evaluation All Supported Employment activity (progress notes) will be documented in Section 8, Monitoring and Evaluation of the IPSE. The Individual Plan of Supported Employment (IPSE) must be monitored on a regular and consistent basis. From these reviews the employment specialists will determine if the plan is individualized and the goals and activities are consistent with the customer's interests and preferences and will result in desired employment outcomes. | <ol style="list-style-type: none"> 1. All Supported Employment activity must be documented in Section 8 of the IPSE. Each activity must contain the date of the activity, description of the activity and duration of the activity (hours/units). 2. A copy of Section 8, Monitoring and Evaluation is sent to Service Coordination upon completion of each ninety (90) days. 3. The Individual Plan of Supported Employment (IPSE) must be monitored and reviewed monthly by the employment specialist. 4. The customer must be made aware of and initial any changes in the IPSE. 5. The customer may request changes in the plan at any time 6. The IPSE must be amended with updated and modified information as needed with each review. A copy of the amended IPSE will be sent to Service Coordination only when requested by the service coordinator 7. The amended IPSE must be signed by all participants as indicated on the IPSE 8. If the customer is receiving Supported Employment Services in excess of one (1) year, a determination and justification of services must be made and documented in Section 8, Monitoring and Evaluation of the IPSE. | Section 2 p. 18 | -IPSE, Section 8 and 11 | G5-05 Supported Employment records will contain notations that show evidence of monitoring and evaluation of progress. GUIDANCE: Documentation, monitoring and evaluating all activities of the Consumer is current and updated and is documented in Section 8, Monitoring and Evaluation, of the Individual Plan of Supported Employment (IPSE). Documentation included the date of the activity, the number of units for each activity and a detailed description of the activity Score "Yes" if the Consumer's current and updated progress is documented in the Individual Plan of Supported Employment, Section 8 and is present in the Supported Employment record Score "N/A" if the Consumer is not receiving Supported Employment services. |

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| 805. Employment Selection The customer and the employment specialist must establish a positive partnership in the customer's search for employment. Each will be accountable for his/her identified activities to obtain the customer's employment goals. The employment specialist will provide needed and wanted supports to achieve the customer's desired employment outcomes | 1. The employment selection process must be based on the Individual Plan of Supported Employment <ul style="list-style-type: none"> - Community Based Instruction - Acquisition of skills - Customer profile, Section 3 - Customer's employment goals - Match the job to the customer not the customer to the job - Person centered practices - Knowledge and availability of community resources, Job -Development, Section 6 of the IPSE - Needed and wanted customer support | Section 2, p. 18 | -Customer Profile -IPSE, Sections 2, 3, and 6 | G5-06 The consumer's Individual Plan of Supported Employment (IPSE) documents needs and supports that are individualized, current, and complete and the Job Development portion of the record is complete and present. GUIDANCE: The consumer and the Employment Specialist will be accountable for the consumer's identified activities to obtain the employment goals as outlined in the IPSE. The Employment Specialist will provide needed and wanted supports to achieve the consumer's desired employment outcomes as evidenced in the consumer's Individual Plan of Supported Employment, Sections 1-3 and Section 6. Score "Yes" if the consumer's Individual Plan of Supported Employment (IPSE) Sections 1-3, documenting needs and supports are individualized, current, complete and Section 6, Job Development is complete and present in the Supported Employment record. Score "N/A" if the consumer is not receiving Supported Employment services. |

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| 806. Job Placement Once the customer has been identified for a job opening, the employment specialist contacts the customer to determine if he/she is available and interested in interviewing for the position. Based on individualized information from the IPSE, the employment specialist can then provide the customer with accurate information to facilitate informed choices | <ol style="list-style-type: none"> The employment specialist must: <ul style="list-style-type: none"> -Utilize the IPSE as a basis for determining job placement -Participate in the job placement process as needed by the customer -Once placement is made: <ul style="list-style-type: none"> -Conduct a job analysis of the job site to become aware of the natural setting and needed training strategies -Ensure employee safety by identifying safety hazards on the job site -Take necessary precautions to insure maximum safety of the customer Record of Employment (Section 7, IPSE) must be completed and signed once placement is made The employment specialist must refer the customer and identified support people to appropriate resources to indicate how this job placement will affect the customer's benefits and document in Section 7 of the IPSE The employment specialist must document on the Individual Plan of Supported Employment, Section 7, that wages and benefits for this individual placement in competitive employment are in accordance with the Fair Labor Standards Act, Department of Labor/Wage and Hour Division and the customer is receiving no less than the current minimum wage | Section 2, p. 19 | -IPSE, Section 7 -Instructional Strategy Plan | G5-07 Job placement, wages and benefits are documented in the IPSE. GUIDANCE: Review the Record of Employment in the current Individual Plan of Supported Employment (IPSE), Section 7 to verify record of job placement and to ensure wages and benefits are documented. Score "Yes" if the consumer's current and updated Individual Plan of Supported Employment, Section 7 is complete and current in the Supported Employment record. Score "N/A" if the consumer is not receiving Supported Employment services or if the consumer is receiving Supported Employment services but is not employed. |

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| 807. Job Site Training Job site training should be a well-designed systemic instructional program which is customer-driven and provides the least intrusive method for providing support. | <ol style="list-style-type: none"> 1. The employment specialist must develop a valid and appropriate Instructional Strategy Plan 2. The Instructional Strategy Plan must include: <ul style="list-style-type: none"> -A task analysis of required skills (as needed) -Identification of natural supports -Instructional strategies -Self-management/independence -Situational assessment/data collection -Reinforcement of job skills -Identification of needed and wanted support -Precautions taken to insure maximum safety of the customer -Evaluation of identified skills | Section 2, p. 19 | -Instructional Strategy Plan | G5-08 The consumer is receiving individualized systemic on-the-job instruction and needed and wanted supports are being provided in a non-intrusive method GUIDANCE: Review the consumer's Instructional Strategy Plan to ensure the consumer is receiving individualized systemic on-the-job instruction and needed and wanted supports and interventions are being provided in a non-intrusive method. Score "Yes" if the consumer's Instructional Strategy Plan is complete and present in the Supported Employment record Score "N/A" if the consumer is not receiving Supported Employment services or if the consumer is receiving Supported Employment services but is not employed, or if the consumer is employed but has completed on-the-job training. |

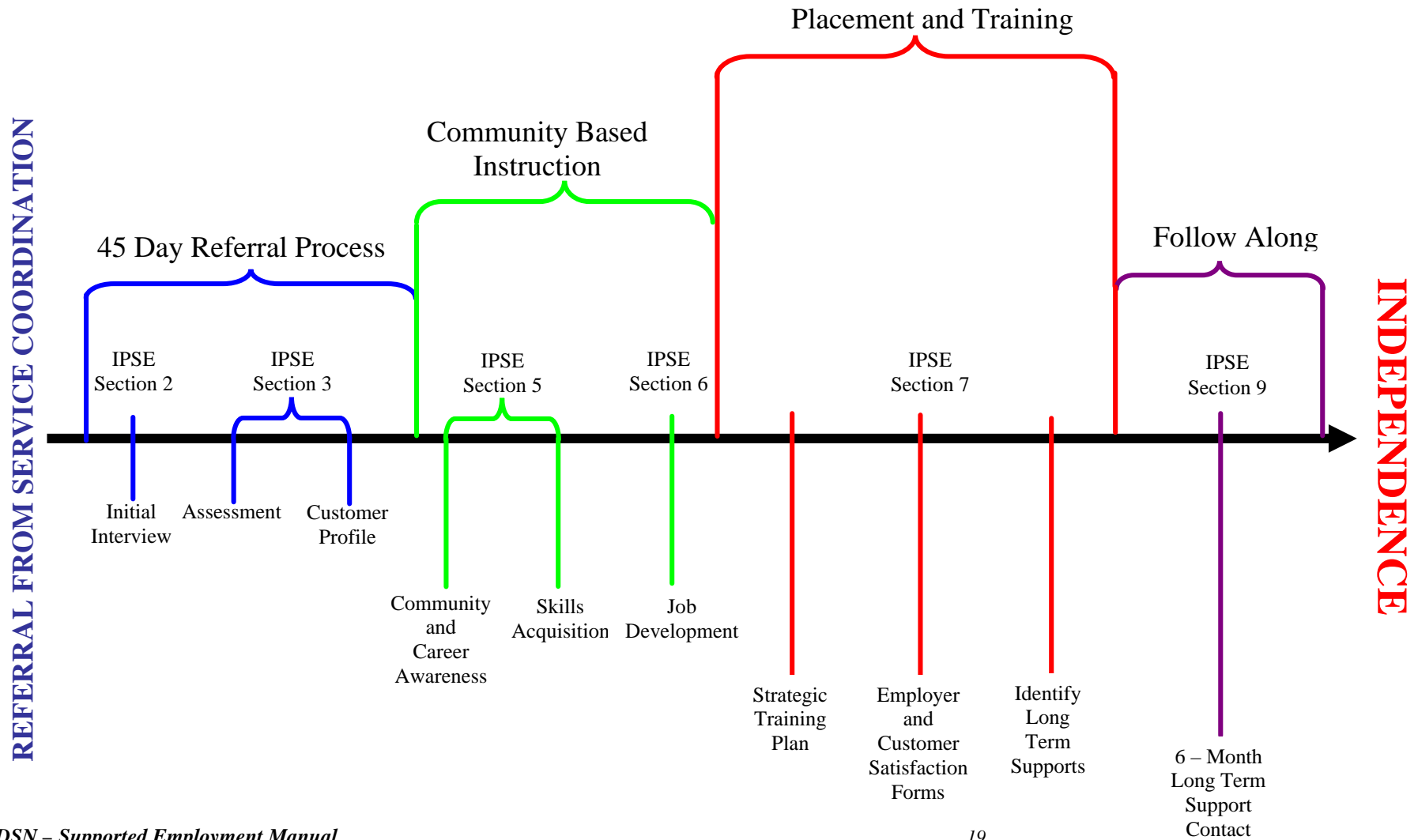
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| 808. Job Stabilization The customer reaches job stabilization when he/she is able to complete his/her job duties within the natural environment without support from paid staff. Information and data is reviewed and a consensus is reached by the customer, employment specialist and employer. | <ol style="list-style-type: none"> 1. The employment specialist must review and revise as necessary the customer's IPSE with emphasis on Section 9, Long Term Supports 2. The employment specialist must modify and amend the IPSE Long Term Supports as needed. A copy of the amended IPSE will be sent to Service Coordination only when requested by the service coordinator 3. The employment specialist must fade from the job site training to maximize customer independence as needed and appropriate 4. The employment specialist must maintain contact monthly for at <u>least six (6) months</u> once the customer has reached stabilization and independence to insure job retention as evidenced in Section 9, Long Term Supports of the ISPE <ol style="list-style-type: none"> 4.1 Progress of stabilization must be evidenced and documented through the process of a site visit to the customer's place of employment. 5. At the completion of the, Long Term Support contact period the employment specialist must review and evaluate the IPSE Section 9, Long Term Supports, Employer Satisfaction form and Customer Satisfaction form and then confer with the customer to determine the need for continued services and support. 6. If the customer is receiving Supported Employment Services in excess of one (1) year, a determination and justification of services must be made and documented in Section 8, Monitoring and Evaluation of the IPSE | Section 2, p. 20 | -IPSE, Section 9 -Contact Sheet -Customer Satisfaction Form Employer Satisfaction Form -Amended IPSE | G5-09 Needs, preferences, and options are identified in long term support plans and the employment specialist has maintained contact monthly as prescribed in Supported Employment Standard 808 GUIDANCE: Review the consumer's IPSE with emphasis on Section 9, Long Term Supports to identify needs, preferences, options and long-term support plans. The Employment Specialist must maintain contact (by phone or site visit) monthly for at least six (6) months after the consumer has reached independence to insure job retention and stability as evidenced in Section 9, Long Term Support Contact Form of the ISPE. Score "Yes" if the consumer's Individual Plan of Supported Employment (IPSE) Section 8, Long Term Supports is current and complete and Section 9, Long Term Support Contact Form is current and updated and present in the Supported Employment record. Score "N/A" if the consumer is not receiving Supported Employment services or if the consumer is receiving Supported Employment Services but is not employed or if the consumer is still working on their Instructional Strategy Plan and long term supports have not yet been identified |

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| <p>809. Termination of Supported Employment Services</p> <p>At a determined point that the customer becomes stabilized in his/her employment position, long term support needs have been identified and are in place and the customer no longer needs the services of the employment specialist, an exit interview must be conducted. Events that lead to the termination of services, plans for future employment and/or a change in services must be addressed during this interview.</p> | <ol style="list-style-type: none"> 1. When the customer reaches maximum independence/stabilization on the job by a consensus of the customer, the employer and the employment specialist, the employment specialist must conduct an exit interview to determine continuation of services. 2. A determination to terminate Supported Employment Services is justified if the customer for any reason is unable or unwilling to continue to be employed <u>without the support of an employment specialist</u> or no longer needs Supported Employment services. 3. An exit interview must be conducted when the customer has exhausted the maximum number of units for Supported Employment Services. 4. From the information given in the exit interview the employment specialist must document rationale and justification of determination of termination of Supported Employment Services in the current IPSE, Section 10, Termination of Services, and a copy of signed Section 10 sent to service coordination. 4. If continued Supported Employment Services for the customer is justified as a result of information gathered at the exit interview and a determination is made to continue services, an assessment of additional needed support and job skills reinforcements will be conducted and documentation will be recorded in a new (not amended) IPSE | <p>Section 2, p.21</p> | <p>IPSE, Section 10</p> <ul style="list-style-type: none"> -Exit interview -Employer Satisfaction Form -Customer Satisfaction Form | <p>G5-10</p> <p>An exit interview is conducted when a consumer is terminated from Supported Employment Services.</p> <p>GUIDANCE:</p> <p>At the determined point that the customer becomes stabilized in his/her employment position and long term support needs have been identified or the customer is terminated voluntarily or involuntarily from Supported Employment services, an exit interview must be conducted. Events that lead to the termination of services, plans for future employment and/or a change in services must be addressed during this interview.</p> <ol style="list-style-type: none"> 1. A determination to terminate Supported Employment services is justified if the customer for any reason is unable or unwilling to continue to be employed 2. From the information given in the exit interview, the employment specialist must document rationale and justification of termination of services determination in the IPSE, Section 9, Termination of Services, and a copy sent to service coordination 3. If employment for the customer remains an option as a result of the exit interview and a determination is made to continue supported employment services an assessment of additional needed support and job skills reinforcements will be conducted and a new or amended IPSE will be developed |

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| | | | | <p>Score “Yes” if the customer’s Individual Plan of Supported Employment (IPSE) Section 10, Termination of Services is complete, signed and part of the supported employment record as a result of a recommendation to terminate Supported Employment services.</p> <p>Score “N/A” if the consumer is not receiving supported employment services or if the consumer is receiving supported employment services but is not employed or if the customer is employed and not being terminated from Supported Employment.</p> |
|--|--|--|--|--|

| CUSTOMER SUPPORT STANDARD | GUIDANCE | PROCEDURES | DOCUMENTATION | FIRST HEALTH |
|---------------------------|----------|------------|---------------|--|
| | | | | <p>G5-11 Documentation is available to show Supported Employment was provided on date service was reported.</p> <p>GUIDANCE: This indicator addresses Waiver and Non-Waiver Services. -Individual Service Report (ISR) is available and reflects the time spent providing the service. -The plan reflects the specific activities/interventions needed to sustain paid work. -Notes reflect that the need activity or intervention was conducted with each contact that was reported. Score “Yes” if all documentation required is available for each board-based service received by the consumer. Score “N/A” if the consumer is not receiving any board-based services.</p> |

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS COMPETITIVE EMPLOYMENT PROCES



SECTION 3

SUPPORTED EMPLOYMENT BEST PRACTICES

Customer Driven Approach

The *Customer Driven Approach* to supported employment has made a sweeping change to the previously held philosophy of rehabilitation counselors, employment specialists and service providers that the professional “knows best” when it comes to the interests and preferences of the client. For years these professionals have taken the paternalistic view that they were in charge of the client’s life and therefore took on the responsibility of creating goals and outcomes for the client while leaving the clients little choice. Through the *Customer Driven Approach* to supported employment, the service provider takes on the role of a competitive business that offers quality support services from which the customer may choose. The customer, becoming increasingly more informed of other choices, selects the service provider and services that best suit his/her needs and interests. It then becomes the role of the *Customer Driven Approach* provider to facilitate the necessary services to assist the customer in making informed choices and achieving employment goals and positive employment outcomes.

Marketing the Supported Employment Program

As in any competitive business venture it is important that the community be familiar with the business and the services it provides. All good business plans for competitive businesses begin with a marketing campaign to create that awareness within the community and to present the business as a viable competitor within the field. It is important to remember when developing a marketing program that the customer must be an active participant in the process. Networking with the business world becomes increasingly more important as partnerships are formed within the community employment arena.

The job developer/employment specialist is a professional and must present himself on that level with the business community. A knowledgeable presentation of the organization to the business community is the first step in developing partnerships. Quality service and exemplary performance within the community will facilitate much needed lasting relationships for future employment opportunities for customers.

Self-determination/Self-advocacy

A working definition:
“...to live independently, enjoy self-determination, make choices, contribute to society, pursue meaningful careers and enjoy full inclusion and integration in the economic, political, social, cultural and educational mainstream of American Society.”

-(sec.2(a)(3)(A-F)1992 Vocational Rehabilitation Act

Self-determination is a learned skill within the process of becoming an independent self advocate. A self-determined individual must recognize his purpose, have a plan for the future, and have goals to achieve that plan. Self-determination is about choices and learning from those choices. It’s about rights and having the skills to advocate for those rights. Self determination leads to self-advocacy which allows the individual to communicate his interests, beliefs, and values to others. Self-determination is the attitudes, abilities, and skills that lead people to define goals for themselves and to take the initiative to reach these goals and at the same time ensure equal access to full citizenship for all persons.

“...in every school in this country, a few children succeed regardless of the instruction they receive. Teachers identify these students early, because they have purpose in their lives. These students know what they like, what they can do, what they want, and how to get it. They are self-determined.”

-Mithaug (1991)

(See the Self-determination/Self-advocacy fact sheet in the Resource section of this manual)

Assessment

Assessment should be an individualized ongoing process that defines goals and drives the instructional activities. An identification of the customer’s interests, needs and needed supports is the foundation for successful fulfillment of individualized employment goals. To achieve positive employment outcomes, supported employment requires assessment in the areas of vocational, personal/social, employment and behavior and self-determination/self-advocacy skills. The purpose of supported employment assessment is to determine strengths, abilities, and weaknesses and to identify interests and preferences to adequately develop a valid customer profile and appropriate employment goals.

(See the Assessment fact sheet in the Resource section of this manual)

Customer Profile

Through the development of a customer profile the service provider/employment specialist has an opportunity to know the customer and is better able to assist the customer in the development of realistic employment goals. Through the process of gathering information from assessments, interviews and observations the provider and the customer can establish a basis which will guide them through the supported employment process. Because the customer profile is the basic foundation for making informed choices throughout the supported employment process, this step must not be neglected but rather, emphasized to ensure positive outcomes.

(See the Customer Profile, Section III, Individual Plan of Supported Employment in the Forms section of this manual)

Employment Plan

The Individual Plan of Supported Employment (IPSE) is the official employment plan developed by the service provider and the customer to guide them through the supported employment process and document progress. The IPSE is a flexible and dynamic document that reflects the customer's path through the supported employment process, including assessment, placement, training, long term supports, independence and/or termination of services. The IPSE is an agreement between the customer and the service provider to fulfill the employment services that are defined in the goals and objectives of the plan. The provider will insure that the supported employer's abilities, interests and preferences have been taken into consideration in the development and implementation of the employment activities within the plan. This agreement is an understanding of partnership between the customer and the provider in an effort to enhance the employment opportunities of the customer.

(See the Individual Plan of Supported Employment (IPSE) in the Forms section of this manual)

Goals/Activities

Through careful development of the IPSE based on proper assessments, interviews, and a customer profile, the service provider and the customer together will develop employment goals. These goals will drive the activities necessary to ensure desired employment outcomes for the customer. The customer's goals and activities are outlined in the IPSE, Section III, Customer Profile, and in Section VI, Record of Employment. These activities shall be monitored on a regular basis and adjusted as necessary. Remember that as the customer progresses through the supported employment process, interests, preferences, and abilities may change. These changes should be noted and addressed on the IPSE when necessary.

Job Development

The job development phase of the supported employment process is a natural progression from a successful marketing program mentioned earlier. The basic definition of job development is the securing of relationships with local community businesses to ensure job sites for training and placement. The following activities should be considered;

- ☐ Interests and needs of people with significant disabilities;
- ☐ Interests and needs of community employers;
- ☐ Labor market information (i.e., status of business growth and decline);
- ☐ Economic trends (i.e., unemployment rate, current and projected, locally and nationally); and
- ☐ Political and social influences affecting supported employment services (i.e. community perception of inclusion, compliance with ADA, and or other disability related legislation).

-Supported Employment Handbook: A Customer-Driven Approach, Virginia Commonwealth Univ., Brooks ,et al.

Job Placement

Once a job opening has been identified for the customer, the customer is contacted to determine if he/she is available and interested in that specific placement. Based on individualized information from the IPSE the employment specialist can then provide the customer with accurate information to facilitate informed choices necessary for this placement. If the customer chooses to accept this position the employment specialists will conduct a job analysis of the job site to become aware of the natural setting, identify natural supports, and develop a training strategy. Employment specialists must ensure maximum safety of the customer on the job.

(See Supported Employment Standard #805 in this manual)

Job Site Training

The employment specialist, having reviewed the job analysis of the placement, will develop a well designed systemic instructional program that is customer driven and provides the least intrusive method of providing support. *The Instructional Strategy Plan* will ensure the customer is receiving individualized systemic on-the-job instruction and necessary supports are being provided.

(See the Instructional Strategy Plan in the forms section of this manual)

Job Stabilization

The customer reaches job stabilization when he/she is able to complete his/her job duties within the natural environment without continuous support. Information and data is reviewed and a consensus is reached by the customer, employment specialist and employer. Before consensus is reached, long term supports must be identified and addressed within the IPSE to ensure continued job stability and employment goals.

(See Supported Employment Standard # 807 in this manual)

(See Individual Plan of Supported Employment (IPSE), Section VII Long Term Supports)

(See Customer and Employer Satisfaction forms in the Forms section of this manual)

Follow Through

It is important to ensure job stability by maintaining contact with the employer and the customer on a consistent basis as needed. Contact can mean a phone call or a drop-in unannounced visit on the job site. Always let the employer know you can be called on when the situation requires intervention. In the early stages of follow through, periodic evaluations should be made to document independence and stabilization in the placement. Remember to maintain a good rapport with the employer to continue community partnerships that are critical in supported employment marketing and job development.

(See Employer Satisfaction Form and Customer Satisfaction Form in the Forms section of this manual)

Personnel

The supported employment manager/day manager will generally oversee the employment specialists within the supported employment program of the organization. The supported employment manager is responsible for supporting the employment specialist staff in maintaining a high standard of service to the customer, insuring that the services provided are customer driven and that those services are conducted in a professional, business oriented manner.

The employment specialist will assist in the development of the customer's IPSE and oversee its facilitation to the satisfaction of the customer. The employment specialist is responsible for maintaining a high standard of service to the customer, insuring that the services provided are customer driven and those services are conducted in a professional, business oriented manner.

All supported employee personnel are responsible for taking precautions to ensure the safety of the customer. The employment specialists should review the customer's IPSE and medical history to be aware of potential personal medical risks. The employment specialist should also be aware of existing safety hazards on the job site and take precautionary measures to minimize existing safety hazards. In addition, the employment specialist should make the customer aware of emergency procedures and instruct the customer to take precautions in the event of such emergencies.

Quality Supported Employment Services

Best practice indicators of a quality supported employment provider include the following:

- B**
- ☐ The organization has established a clear vision and mission that promotes integrated employment, community inclusion, and zero exclusion.
 - ☐ The organization has a well defined organizational structure.
 - ☐ The organization promotes staff involvement in planning and decision-making.
 - ☐ The organization has defined job descriptions that promote the focus of integrated employment and related community supports.
 - ☐ The organization configures staff to provide full service and self-directed supports.
 - ☐ The organization invests in staff development through extensive, ongoing training and support.
 - ☐ The organization makes available to the staff updated information on research and strategies of best practices in supported employment.
 - ☐ The organization promotes an environment that supports the empowerment of personnel to be creative and innovative.
 - ☐ The organization focuses on evaluation and improvement of individual and organizational outcomes.
 - ☐ The organization promotes a professional image that is in line with common business practices.
 - ☐ The organization has developed a networking partnership with the business community and other external entities on a local, state and national level.

“The challenge for every organization is to build a feeling of oneness, of dependence on one another... because the question is usually not how well each person works, but how well they work together.”

-Vince Lombardi

SECTION 4

DOCUMENTATION AND FORMS

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| <input type="checkbox"/> 45 DAY REFERRAL FLOW CHART..... | 27 |
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| <input type="checkbox"/> INSTRUCTIONAL STRATEGY PLAN..... | 58 - 61 |
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REFERRAL AUTHORIZATION FORM

800 - Referral to Supported Employment:

All referrals to supported employment services must come through the Service Coordinator. A recommendation of services will then be made based upon needs and preferences from the referral and the initial interview.

800.1 – All referrals for supported employment services must originate from the service coordinator

- ☐ All referral originate from the service coordinator.
- ☐ Customers requesting supported employment services that are receiving level II Service coordination must submit requests for services through the service coordinator and not directly with the supported employment program.
- ☐ Service Coordination, upon receipt of the request and/or determination of need for supported employment services will then refer the customer to the supported employment provider of the customer's choice.

800.2 – Date of referral to Supported Employment is date Referral Authorization form is received from Service Coordination

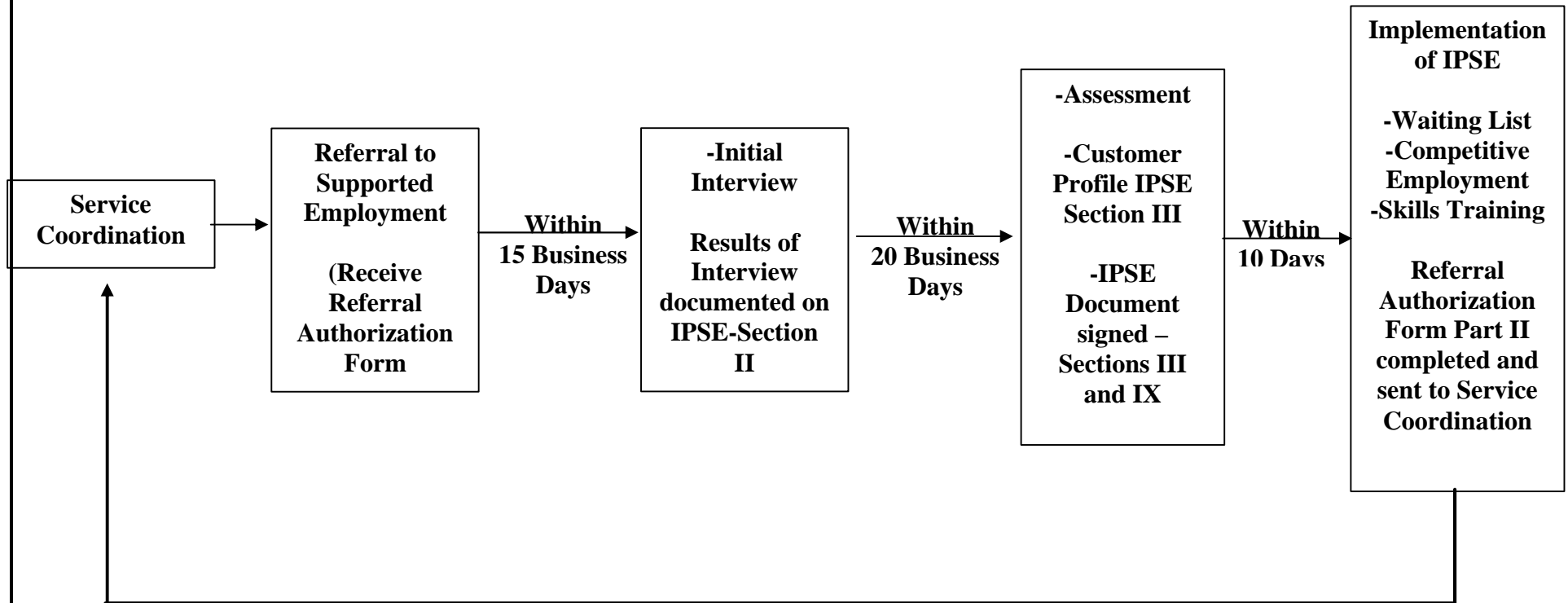
- ☐ **Referral Authorization form** must be date stamped upon receipt from Service Coordination.

803.2 – Referral Authorization Form, Section II completed and sent to Service Coordination.

- ☐ Referral authorization form, section II must be sent to Service Coordination within the **forty-five (45) day** referral process. (See 45 Day Referral Flow Chart)

(SEE 45 DAY REFERRAL PROCESS CHART – FOLLOWING PAGE)

SUPPORTED EMPLOYMENT 45 DAY REFERRAL FLOW CHART





SUPPORTED EMPLOYMENT REFERRAL AUTHORIZATION

SECTION I

TO BE FILLED OUT BY SERVICE COORDINATION

Date of Authorization: _____

The following Supported Employment Provider has been requested by the customer:

Provider Name: _____ Phone: _____

Provider Address: _____

WAIVER: ☐ YES ☐ NO

Waiver Customers Only:

Waiver Authorization Form (MR/RD Form A-11 or A-29) sent to Supported Employment: Date: _____

Number of Units Authorized: [One (1) Unit = One (1) Hour of Service] Assessment: _____ Services: _____

Services will not be implemented until MR/RD Waiver Authorization for Services form is received by Supported Employment.

Customer's Name: _____ Phone: _____

Address: _____

Social Security #: _____ Medicaid #: _____

Service Coordinator (Please Print): _____ Signature: _____

Address and Phone Number: _____

SECTION II

TO BE FILLED OUT BY SUPPORTED EMPLOYMENT

(Section II is to be filled out by Supported Employment personnel and returned to Service Coordination upon completion of the 45 day referral process)

*Date Referral Received by Supported Employment: _____

☐ Supported Employment Services will be provided

Comments: _____

☐ MR/RD Waiver Authorization Form received for waiver customer: Date: _____

Services will not be implemented until MR/RD Waiver Authorization for Services form is received from Service Coordination.

☐ Supported Employment Services will not be provided

Justification: _____

☐ Recommend referral to other services

Recommendation and Explanation: _____

☐ Awaiting Service

Justification: _____

Employment Specialist Signature

Date

ASSESSMENT FOR DAY SERVICES (ADS)

The Assessment for Day Services (ADS) is a minimum required assessment for customers referred to DDSN Day Services. Every customer that is referred to Day Services must be assessed on the skills outlined within the ADS assessment instrument. This instrument is not a mandated assessment tool for Day Services but identifies, at a minimum, the planning areas that need to be assessed. Service providers that already have adequate assessment tools in place do not have to use the ADS assessment. If a service provider has not designated a specific assessment tool for Day Services then the ADS assessment instrument should be used or similar instrument that covers the minimum planning areas. All existing assessments from other agencies that come with the referral must be a valid assessment in line with the ADS assessment instrument and current within the past year. The ADS assessment and all other assessments used for Day Services are valid for one (1) year. Any additional assessments done within that validation time can not be billed to DDSN. Day Services assessment is only required when the customer is initially referred and as necessary after the initial assessment.

The purpose of the Planning Inventory on the ADS assessment instrument is to provide a basic assessment in the identified planning areas. The planning areas consist of the following:

- **Self-Advocacy/Self Determination**
- **Self-Esteem**
- **Coping Skills**
- **Personal Responsibility**
- **Personal Health and Hygiene**
- **Socialization**
- **Community Participation**
- **Mobility and Transportation**
- **Community Safety**
- **Money Management**
- **Pre-Employment**
- **Job Search**
- **Additional Planning Areas**

It is recommended that the service provider expand this instrument to address additional planning areas as needed

Assessment for Day Services

Name: _____ SSN: _____ Referral Date: _____

DOB: _____ Age: _____ Sex: Male: _____ Female: _____

Address: _____

City: _____ State/Zip: _____ Home Phone: _____

Person administering the assessment: _____

Print Name

Signature

Date Administered:

PLANNING INVENTORY

The purpose of the Planning Inventory on the following pages is to provide a basic assessment in the identified planning areas. This assessment instrument is not a mandatory assessment for service providers; however, it provides a minimum assessment in each of the identified areas. Service providers using optional or additional assessment instruments must be sure that as a minimum each of the areas on this assessment instrument are included in their assessment.

Directions: Rate each planning area based on the current level of competence in each of the planning areas. Place a check or X in the appropriate box. If you do not think planning is necessary because a statement is not appropriate for this particular customer, check the “NA” (for “not applicable”) box.

Upon completion of the check boxes a summary of the assessment for that planning area should be written in the Planning area Summary box before going on to the next planning area. This planning area summary will be used as documentation and analysis of the assessment for that planning area.

PLANNING AREA

SELF-ADVOCACY / SELF-DETERMINATION

| | Not Applicable | Needs Support | Does not Need Support | Yes | No |
|---|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| SA-1. Aware of personal preferences and interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-2. Aware of individual strengths and limitations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-3. Differentiate between wants and needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-4. Identifies choices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-5. Makes choices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-6. Considers various options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-7. Considers the consequences of decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-8. Establishes individual goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-9. Demonstrates problem solving skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-10. Assumes responsibility for actions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-11. Demonstrates self-confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-12. Expresses feelings and ideas to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SA-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

SELF-ESTEEM

| | Not Applicable | Needs Support | Does not Need Support | Yes | No |
|--|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| SE-1. Feels useful and needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-2. Feels he/she has good qualities and traits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-3. feels successful most of the time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-4. Happy with himself/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-5. Happy with his/her life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-6. Has a positive attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-7. Respects himself/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-8. Respects others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-9. Expresses feelings to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-10. Expresses opinions to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-11. Develops friendships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-12. Enjoys conversation with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SE-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

COPING SKILLS

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CS-1. Often feels stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-2. Identifies cause of his/her stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-3. Solves problem situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-4. Controls anger/temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-5. Controls emotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-6. Does not engage in self-destructive behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-7. Identifies situations that may upset him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-8. Avoids situations that may upset him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-9. Avoids physical, psychological or emotional situations that are harmful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-10. Has a crisis management plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-11. Has family support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-12. Has a support group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

PERSONAL RESPONSIBILITY

| | Not Applicable | Needs Support | Does not Need Support | Yes | No |
|--|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| PR-1. Schedules own appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-2. Sets personal goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-3. Keeps track of daily schedules using a clock | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-4. Keeps track of weekly and monthly schedules using a calendar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-5. Plans, prepares and serves his/her own meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-6. Prepares shopping list and shops for his/her own groceries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-7. Cleans his/her own room (sweep, dust, make bed, pick-up) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-8. Uses washer and dryer to cleans his/her own clothes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-9. Lives in an apartment or house by himself/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-10. Lives in an apartment or house with roommate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-11. Identifies current day, month and year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-12. Identifies safety hazards within the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PR-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

PERSONAL HEALTH AND HYGIENE

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PH-1. Maintain good physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-2. Recognizes and addresses physical problems that arise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-3. Maintains good mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-4. Recognizes and addresses mental health problems that arise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-5. Makes informed choices regarding sexual behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-6. Takes a bath or shower and dries self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-7. Washes and rinses own hair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-8. Brushes teeth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-9. Uses deodorant after shower or bath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-10. Adjusts hot and cold faucets safely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-11. Dresses him/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-12. Calls 911 in an emergency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PH-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

SOCIALIZATION

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| S-1. Acknowledges others in the room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-2. Makes eye contact when talking or being talked to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-3. Acknowledges own name when called | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-4. Answers when asked a question | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-5. Participates in group activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-6. Obeys rules at home, school and work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-7. Follows one step directions given by a person in charge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-8. Talks in a group discussion staying on the topic of conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-9. Does not interrupt others when they are talking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-10. Goes to others to get help or information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-11. Manages anger in a tense situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-12. Develops friendships with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

COMMUNITY PARTICIPATION

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CP-1. Participates as an active citizen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-2. Locates appropriate community services and resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-3. Knows how to use a variety of services and resources successfully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-4. Picks activities within the community to do for fun away from home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-5. Makes plans and arranges to get to an event or activity he/ she likes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-6. Asks directions when in an unfamiliar location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-7. Knows how to order meals at a fast food restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-8. Orders a meal from a menu at a restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-9. Contacts caseworker or caregiver for assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-10. Asks where to find a telephone in an unfamiliar location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-11. Uses 911 or 0 and asks for helping an emergency when alone in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-12. Knows and obeys safety rules while in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CP-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

MOBILITY AND TRANSPORTATION

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MT-1. Does not require mobility ADS for walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-2. Is able to maneuver stairs without assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-3. Asks for directions in an unfamiliar place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-4. Walks or bikes to a place at least several blocks away from home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-5. Able to get to a bus or train stop without assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-6. Knows how to access public transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-7. Uses a map for navigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-8. Has a drivers license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-9. Wants to obtain a drivers license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-10. Reads and understands street and traffic signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-11. Has a support person to provide transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-12. Requests assistance in securing transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MT-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

COMMUNITY SAFETY

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CS-1. Watches for traffic before crossing streets, driveways and parking lots | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-2. Crosses the street only at designated crosswalks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-3. Walks a safe distance from moving traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-4. Looks in both directions before crossing a street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-5. Stays with the group in a crowded or busy area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-6. Gets into cars with friends or family only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-7. Asks for help when in danger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-8. Knows his/her phone number and address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-9. Gives out personal information only in emergency situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-10. Contacts a neighbor for help when needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-11. Carries identification and money when leaving home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-12. Takes precautions when going out into the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CS-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

MONEY MANAGEMENT

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MM-1. successfully uses a vending machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-2. Pays for an item that costs more than a dollar with a Sufficient number of bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-3. Gives the exact amount of change to pay for something That costs les than one dollar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-4. Has a checking account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-5. Has a savings account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-6. Manages personal finances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-7. Cashes check/paychecks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-8. Checks the accuracy of paycheck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-9. Understands deductions on a paycheck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-10. Budgets spending money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-11. Makes a withdrawal from a bank account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-12. Maintains financial records such as receipts and bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-13. Uses a debit card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

PRE-EMPLOYMENT

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PE-1. Has a specific interest in securing employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-2. Has specific job skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-3. Has a specific employment goal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-4. Identifies interests and preferences concerning employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-5. Identifies and understands basic abilities and disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-6. Able to make informed choices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-7. Develops goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-8. Communicates with others in an appropriate manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-9 . Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-10. Displays acceptable on-the-job behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-11. Displays acceptable on-the-job socialization skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-12. Advocates for self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PE-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

JOB SEARCH

| | Not Applicable | Does Needs Support | not Need Support | Yes | No |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| JS-1. Identifies 2 or 3 jobs interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-2. Identifies realistic job interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-3. Selects job interests that matches his/her skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-4. Seeks assistance from agencies or employment counselors in finding a job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-5. Contacts friends and family concerning job openings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-6. Contacts employers concerning job openings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-7. Asks a person he/she knows well for a job recommendation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-8. Prepares a resume to include personal information and work history | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-9. Fills out a job application completely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-10. Requests an interview for a job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-11. Asks and answers questions during a job interview. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-12. Accepts a job when one is offered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JS-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

PLANNING AREA

ADDITIONAL PLANNING AREAS

| | Not Applicable | Needs Support | Does not Need Support | Yes | No |
|--------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| AP-1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-5. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-6. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-7. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-8. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-9. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-10. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-11. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-12. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-13. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AP-14. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLANNING AREA SUMMARY

SUMMARY EVALUATION AND RECOMMENDATIONS

INDIVIDUAL PLAN OF SUPPORTED EMPLOYMENT (IPSE)

The purpose of the *Individual Plan of Supported Employment (IPSE)* is to establish an agreement between the customer and the service provider to fulfill the employment services that are defined in the goals and objectives of this plan. The provider will insure that the customer's abilities, interests and preferences have been taken into consideration in the development and implementation of these employment activities. This agreement is an understanding of partnership; between the customer and the provider in an effort to enhance the employment opportunities of the customer.

The customer has the right to review, evaluate and revise this instrument while services are being provided if there is a change in goals, activities, preferences, abilities, employment opportunities or personal situations that may affect the accomplishment of the employment goal. The Customer is responsible for fulfilling their obligation in carrying out this plan and keeping the provider informed of any changes that may affect the successful completion of this plan. The customer has the right to discuss with the provider any issues regarding services. The procedure to reconcile differences in the facilitation of this plan must be explained to the customer prior to signing the agreement



**SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
INDIVIDUAL PLAN OF SUPPORTED EMPLOYMENT (IPSE)**

Section 1 – Customer Identification

Name: _____

Contact _____

Information: _____
House Number Street City State Zip Phone

Social Security # _____ Medicaid # _____

Waiver: Yes _____ No _____

Date Referral (Referral Authorization Form) Received by Supported Employment: _____

Section 2 – Results of Initial Interview – (800) (To be administered within 15 days of receipt of Referral Authorization Form)

Date of Initial Interview: _____ Interviewed by: _____

Experience: _____

Strengths: _____

Areas of Needed Support: _____

Availability: _____ Transportation Needs: _____

Medical: _____

Other: _____

Comments and Recommendations:

Customer Name: _____

Section 3 – Customer Profile – (801) (To be completed after IPSE assessment and prior to employment within 20 business days of initial interview)

Name of Assessment Used: _____

My Employment Goal: _____

This goal is to help you achieve and maintain competitive employment consistent with your abilities, strengths, preferences and interests.

The following are objectives and activities that you have identified to meet your employment goal.

Objective 1: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 2: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 3: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 4: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 5: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Additional Objectives:

Customer Name: _____

Section 4 – Terms and Conditions (802)

I. PARTNERSHIP

This Individual Plan of Supported Employment is an agreement between the customer and the service provider to fulfill the employment services that are defined in the goals and objectives of this plan. The provider will insure that the customer's abilities, interests and preferences have been taken into consideration in the development and implementation of these employment activities. This agreement is an understanding of partnership between the customer and the provider in an effort to enhance the employment opportunities of the customer.

II. SUPPORTED EMPLOYEE'S RIGHTS

The customer has the right to review, evaluate and revise this Individual Plan of Supported Employment while services are being provided if there is a change in goals, activities, preferences, abilities, employment opportunities or personal situations that may affect the accomplishment of the employment goal. The customer is responsible for fulfilling his/her obligation in carrying out this plan and keeping the provider informed of any changes that may affect the successful completion of this plan. The customer understands and agrees to the following entrance guidelines to access Supported Employment Services:

- The customer is able to participate independently in a competitive employment environment within the community
- The customer understands that competitive employment is a time limited service
- The maximum units of Supported Employment Services will not exceed a total of 300 units per customer
- The customer's ultimate employment goal is to achieve stabilization and independence within the workplace without support from paid staff
- The customer desires to achieve a life long career within the workforce

The customer has the right to discuss with the provider any issues regarding services. The procedure to reconcile differences in the facilitation of this plan has been explained to the customer and he/she has indicated that these procedures are understood.

I have been provided with and understand the information of the proposed services within this Individual Plan of Supported Employment. I have participated in the development of this plan and understand and agree to it.

Customer's signature

Date

Parent or Guardian's signature

Date

Service Provider

Signature

Date

Service Provider

Signature

Date

***This agreement must be signed within twenty (20) business days of the initial interview.
All information in this document is confidential and may not be released without the written consent of the signing customer.***

Customer Name: _____

Section 5 – Community Based Instruction (See Section 8, paragraph B)

List the objectives and activities in which the customer will participate in the Community Based Instruction process. These objectives and activities will provide the customer with choices and options within the community which will enable the customer to make informed decisions as to their career choices. This process also provides the customer with the opportunity to participate in skills acquisition activities when applicable.

Objective 1: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 2: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 3: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 4: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Objective 5: _____

| <i>Date</i> | <i>Activity</i> | <i>Results/Outcome</i> |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Comments: _____

(Attach additional pages as needed)

Section 6 – *Job Development* – (805)

Employment Specialist _____

[illegible]

Customer Name: _____

Section 8- Monitoring and Evaluation (804)

ACTIVITIES FOR THE MONTH OF _____
Month Year

A - 45 DAY REFERRAL PROCESS

| Activities | Date | Hours | Job Coach |
|--|------|-------|-----------|
| Initial Interview (See specifics at IPSE Section 2) | | | |
| Assessment (See specifics at IPSE Section 3) | | | |
| Customer Profile (See specifics at IPSE Section 3) | | | |
| Community based career awareness activities designed to identify career options and broaden the placement opportunities for the customer to make an informed decision as to their career choice. | | | |
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B - COMMUNITY BASED INSTRUCTION

| Activities (See specifics at IPSE Section 5) | Date | Hours | Job Coach |
|---|------|-------|-----------|
| Career Awareness | | | |
| A community based program providing activities within the natural environment to provide the customer with employment opportunities within the community. CBI provides the customer with choices and options in which they are able to make an informed decision as to their career choice. CBI offers the customer the opportunity to participate in situational assessments in a natural setting. | | | |
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| Skills Acquisition (if applicable) | | | |
| This component of community based instruction offers the opportunity for the customer to participate in skills acquisition activities which may include, but not limited to; pre-employment, self advocacy, self determination, socialization, behavior, interviewing, hygiene, proper dress, etc. These activities may be done in the community or as a classroom activity with in the facility | | | |
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C - JOB DEVELOPMENT

| Activities (See specifics at IPSE Section 6) | Date | Hours | Job Coach |
|--|------|-------|-----------|
| Job development activities focus on the networking and the development of a relationship between the employer and the employment specialist. Job Development is marketing the supported employment program to the community to provide greater opportunities for the customer. This activity includes the job search, job analysis, accommodations, and job restructuring. This is a reportable activity only if it is specifically directed to this customer. The customer who is active in this process will have a greater sense of commitment and success in his career search. | | | |
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Customer Name: _____

D - PLACEMENT AND TRAINING – STRATEGIC TRAINING PLAN

| Intervention Activities (See specifics located in the Strategic Training Plan) | Date | Hours | Job Coach |
|---|--|--------------|------------------|
| Intervention activities are the use of instructional strategies for training individuals on supported employment job sites. Specific strategies include the use of job duty and task analyses, natural supports, natural cues, compensatory strategies, prompting procedures, reinforcers and self-management procedures. These procedures are provided in a least intrusive method of support. | | | |
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| | Training Evaluations (See specifics located in the Strategic Training Plan) | Date | Hours |
| This section of the Strategic Training Plan is to evaluate the progress of the intervention activities used within the job site training process. The frequencies of the evaluations are at the discretion of the job coach. | | | |
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| | | | |
| Employer Satisfaction Form (See specifics in the Employer Satisfaction Form located in the customer's file) | Date | Hours | Job Coach |
| This form will be used by the employment specialist to update and evaluate the customer's job performance from the perspective of the employer. This form is used at various intervals during the training process at the discretion of the job coach. | | | |
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| | | | |
| Customer Satisfaction Form (See specifics in the Customer Satisfaction Form located in the customer's file) | Date | Hours | Job Coach |
| This form will be used by the employment specialist to update and evaluate the customer's job performance from the perspective of the customer. This form is used as a self evaluation for the customer and may be administered at the discretion of the job coach. | | | |
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| | | | |

Customer Name: _____

E - FOLLOW ALONG (6-month Long Term Support Contact)

| Activity (See specifics at IPSE Section 9) | Date | Hours | Job Coach |
|---|------|-------|-----------|
| Follow along activities consist of observation and evaluation of the customer at the job site to test for independence and stability on the job. Although this is a 6 months minimum contact, once a month, retraining may be necessary at any point and the follow along may exceed the 6 months minimum. When the follow along reaches one (1) year a determination of justification of service must be made. | | | |
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F - TERMINATION OF SUPPORTED EMPLOYMENT SERVICES

| Exit Interview (See specifics at IPSE Section 10) | Date | Hours | Job Coach |
|---|------|-------|-----------|
| At such time that the customer is determined to be stable on the job through a consensus of all parties involved, an exit interview is conducted to determine the continued need for Supported Employment services. | | | |
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G - WAITING LIST CONTACT – (See specifics at IPSE Section 11)

| For those customers placed on a waiting list for Supported Employment services, contact will be made every 30 days to assess waiting list status and an evaluation of the waiting list status will be conducted every 90 days. At the completion of 1 year on the waiting list a determination will be made as to the continuation of Supported Employment services | Date | Hours | Job Coach |
|---|------|-------|-----------|
| | | | |
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H - MONTHLY SUMMARY OF PROGRESS

| |
|---|
| Briefly describe the overall satisfactory and/or the need for improvement of the customer's progress for this month. Indicate where the customer is currently being served on the Supported Employment Process Chart. |
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| TOTAL NUMBER OF HOURS FOR THE MONTH OF: _____ / _____ | Date | Hours | Job Coach |
|---|------|-------|-----------|
| | | | |

A copy of this documentation of progress (Section 8 - Monitoring and Evaluation) must be sent to Service Coordination quarterly as it is completed.

Customer Name: _____

Section 9 – Long Term Supports - (808)

LONG TERM SUPPORT EMPLOYER/CUSTOMER CONTACT FORM

Monthly contact with the customer at the job site must be maintained for at least six (6) months after the customer has gained independence and is working on his own with natural supports. This section is to test for independence and stability on the job. Document each contact on this form by entering the date, hours and the information received from the contact.

| CONTACT NOTES | Date | Hours | Job Coach |
|---------------|------|-------|-----------|
| | | | |
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Six Month Review:

Date _____

Recommendation: _____

Customer Name: _____

Section 10: Termination of Supported Employment Services (809)

Document justification and rational for determination of services resulting from the information gathered in the exit interview.

Exit interview notes:

Termination of Supported Employment Services Justification:

Determination of Continued Services Justification:

Customer's signature

Date

Parent or Guardian's signature (If applicable)

Date

Job Coach

Signature

Date

Service Provider

Signature

Date

(Photocopying of this page upon completion and sending to Service Coordination is sufficient notification of termination of services)

Customer Name: _____

Section 11 – Waiting List Contact – (803) (If Applicable)

On the lines below indicate date of contact and provide comments on any necessary changes in the customer's status. The supported employment provider must make contact with the customer on the waiting list at least every **thirty (30) days** to evaluate his/her status. The customer's status as "waiting" must be reevaluated at least every **ninety (90) days** for determination of status. A reevaluation of the customer's status is required at the completion of **one (1) year** on the waiting list to facilitate recommendation of services.

| DATE | EVALUATOR | PROGRESS NOTES |
|------|-----------|---|
| | | |
| | | |
| | | |
| | | Ninety (90) Day Evaluation (<i>Upon completion of this ninety (90) day evaluation , recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination</i>) |
| | | |
| | | |
| | | |
| | | Ninety (90) Day Evaluation (<i>Upon completion of this ninety (90) day evaluation , recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination</i>) |
| | | |
| | | |
| | | |
| | | Ninety (90) Day Evaluation (<i>Upon completion of this ninety (90) day evaluation) , recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination</i>) |
| | | |
| | | |
| | | |
| | | One (1) Year Evaluation |
| | | |
| | | Recommendation: |
| | | |
| | | Justification of Recommendation: |
| | | |
| | | <i>Upon completion of this page at the end of one (1) year, recommendations and justification of recommendations must be stated and this page copied and sent to Service Coordination.</i> |

Section 12: Amendments

AMENDMENTS

All amendments to the Individual Plans of Supported Employment (IPSE) must be documented in this section and reference made in the section being amended.

Amendments must have the following information for each change and placed at the beginning of the IPSE.

AMENDMENT 1

DATE:

SECTION #

EXPLANATION OF AMENDMENT:

SIGNATURES:

Customer (print)

Signature

Date

Service Provider (print)

Signature

Date

AMENDMENT 2

DATE:

SECTION #

EXPLANATION OF AMENDMENT:

SIGNATURES:

Customer (print)

Signature

Date

Service Provider (print)

Signature

Date

AMENDMENT 3

DATE:

SECTION #

EXPLANATION OF AMENDMENT:

SIGNATURES:

Customer (print)

Signature

Date

Service Provider (print)

Signature

Date

Attach additional pages as needed

INSTRUCTIONAL STRATEGY PLAN

The Instructional Strategy Plan is a tool to assist the employment specialist in providing appropriate and accurate on-the-job training. This plan is placement specific and will be developed with the customer to identify needed skills acquisition, activities and supports for a successful placement for the customer. Intervention activities will include those skills necessary to maintain the placement and supported by the employment specialist. These are specific training activities with identified outcomes and specified duration.

TASK ANALYSIS

Guidelines for Writing a Task Analysis:

1. State steps in terms of observable behaviors
2. Write steps in adequate detail with only one behavior per step.
3. Test the task analysis to ensure that each step results in a visible change in the task or process.
4. Order steps from first to last
5. Word steps as verbal cues. (Example: Push the “off” button)
6. Build natural cues and compensatory strategies into the task analysis.
7. Consider efficiency; use both hands with the least amount of movement.
8. Eliminate discrimination by building judgment into the task (Example: Vacuuming in a pattern results in a clean rug vs. needing to discriminate where the rug is dirty).

Sample Task Analysis

Job Duty: Cleaning the toilet

1. Grab brush and cleanser
2. Go to first toilet
3. Put cleanser in toilet
4. Set down container
5. Dip brush in bucket
6. Tap brush
7. Brush top of toilet

8. Brush sides of toilet
9. Brush front of toilet
10. Dip brush in bucket
11. Tap brush
12. Brush lid of toilet
13. Raise lid and brush
14. Brush inside of toilet
15. Dip brush in bucket

16. Tap brush
17. Lower lid of toilet
18. Brush outside of toilet bowl
19. Put brush in bucket
20. Get Cleanser
21. Go to next toilet

EVALUATION

SKILL ACQUISITION RATINGS:

The first table is a skills acquisition rating. Each skill from the intervention activities page (p.2) is listed and documented with a rating of S=Satisfactory, P=Progress Made, or N=Needs Improvement. A comments section is available to further explain the ratings and the progress of the customer.

INTERPERSONAL AND WORK BEHAVIOR RATINGS:

The Interpersonal and Work Behavior Ratings are designed to assess the overall work ethics of the customer to ensure stabilization on the job in the areas not related to specific job skills. These ratings along with the skills acquisition ratings will assist the employment specialist and the customer in identifying and recommending long term supports.



SUPPORTED EMPLOYMENT INSTRUCTIONAL STRATEGY PLAN

Customer: _____ Employment Specialist: _____

Placement: _____ Job Title: _____

Supervisor: _____ Job Title: _____ Phone: _____

Address of Placement: _____

Hire Date: _____ Full-time: _____ Part-time: _____

Schedule: _____

Number of days per week: _____ Number of hours per day: _____

Wages: \$ _____ per _____ Payday: _____

Benefits: _____

Accommodations: _____

Transportation Issues: _____

Natural Supports: _____

Job duties: _____

Needed Supports: _____

INTERVENTION ACTIVITIES

List needed skills acquisition for this placement. Include all training skills to be worked on during this placement, date of evaluation, rating and comments on rating/progress

Evaluation:

Skill Acquisition Ratings: S: Satisfactory P: Progress Made N: Needs Improvement

| <i>TRAINING SKILLS</i> | | <i>EVALUATION</i> | | |
|-------------------------------|--------------------|--------------------------|--|--|
| <i>Skill</i> | <i>Date</i> | <i>Rating</i> | <i>Comments (Include level of independence and explanation of progress)</i> | |
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Interpersonal & Work Behavior Ratings: S: Satisfactory P: Progress Made N: Needs Improvement

| <i>Skills Observed and Rated</i> | <i>Rating</i> | <i>Comments</i> |
|---|----------------------|------------------------|
|---|----------------------|------------------------|

| | | |
|---------------------------|--|--|
| | | |
| Attendance | | |
| Punctuality | | |
| Communication with Others | | |
| Grooming | | |
| Personal Hygiene | | |
| Other (Explain) | | |
| | | |
| | | |

Recommendations for Long Term Supports: _____

TASK ANALYSIS

Task Analysis is an optional tool to be used only when needed

Skill: _____

Cue Codes: V=Verbal, P=Physical, M=Model or Gesture

Plus (+) = Correct

Minus (-) = Incorrect

| | Steps | Cue | Pre | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Post |
|----|-------|-----|-----|---|---|---|---|---|---|---|---|---|----|------|
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
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| 17 | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | |

Number Correct: _____ Percent Correct: _____

| Intervention Summary | | Fading Plan: | | | |
|-----------------------------|--|--------------|------|-------|-------------------------|
| Total Hours Worked | | | Date | Hours | Percentage Intervention |
| Stability Reached (Y or N) | | Week 1 | | | |
| Date to Begin Follow-Along: | | Week 2 | | | |
| Comments: | | Week 3 | | | |

EMPLOYER SATISFACTION FORM AND CUSTOMER SATISFACTION FORM

Employer Satisfaction Form

The **employer satisfaction form** may be used at anytime during the placement. As stated in **Supported Employment Standard 808.5**: At the end of the **six (6) months** contact with the customer, the employment specialist must review and evaluate the **IPSE Section VII, Long Term Supports, Employer Satisfaction form and Customer Satisfaction form** and then confer with the customer to determine the need for continued service and support. The Employer Satisfaction form is important data in determining if the customer is working independently at this time or if there are additional supports needed to maintain job stabilization.

At the time the customer is stabilized and has moved into long term supports, it is important to identify the supervisor that oversees the customer's performance. At this time a performance review process should be in place and in accordance with company procedures. In the initial stages of long term supports the customer, employment specialist and employer should maintain regular contact for input and determination of satisfaction. Informal check should occur initially every 2 weeks and gradually fade to every 2 months. It is up to the discretion of the employment specialist and employer in accordance with the company review process how often the Employer Satisfaction form is to be completed.

DDSN Supported Employment Standards require that the form be completed at least at the end of the six (6) months contact once stabilization has occurred and in accordance with the IPSE.

Customer Satisfaction Form

Regular discussions and visits at and away from the job site in the initial phase of placement should occur between the customer and the employment specialist. These contacts will provide important input into the customers contentment and satisfaction of the placement. Conducting face-to-face interviews and job site observations is the best way to acquire accurate data to help the customer make informed decisions.

The **customer satisfaction form** may be used at anytime, however, as stated in **Supported Employment Standard 808.5**: At the end of the **six (6) months** contact with the customer, the employment specialist must review and evaluate the **IPSE Section VII, Long Term Supports, Employer Satisfaction form and Customer Satisfaction form** and then confer with the customer to determine the need for continued service and support.

The customer satisfaction form provides important data in determining if the customer is working independently and employment goals and activities are being fulfilled and the customer is satisfied with the placement.



SUPPORTED EMPLOYMENT EMPLOYER SATISFACTION FORM

(Items 1 – 12 to be completed by the employment specialists prior to employer filling out the form)

(1) Customer: _____ (2) Social Security No: _____
(3) Employment Specialist: _____
(4) Placement: _____ (5) Job Title: _____
(6) Supervisor: _____ (7) Job Title: _____ (8) Phone: _____
(9) Address of Placement: _____
(10) Hire Date: _____ (11) Full-time: _____ Part-time: _____
(12) Schedule: _____

(Items 13 – 27 to be completed by employer/supervisor)

(13) How was this Evaluation Completed? ☐ Personal Interview ☐ Telephone ☐ Mail

Using the following scale, please check one number to the right of each question that best represents your opinion about this employee's present situation:

| 1 | 2 | 3 | 4 | 5 |
|---------------------------|--------------------------|-----------|-------------------|------------------------|
| Extremely Dissatisfied | Somewhat Dissatisfied | Satisfied | Very Satisfied | Extremely Satisfied |

| (14) | How Satisfied are you with the employee's..... | 1 | 2 | 3 | 4 | 5 |
|------|--|---|---|---|---|---|
| (15) | ...timeliness of arrival and departure from work? | | | | | |
| (16) | ...attendance? | | | | | |
| (17) | ...timeliness of breaks and lunch? | | | | | |
| (18) | ...appearance? | | | | | |
| (19) | ...general performance as compared to other workers? | | | | | |
| (20) | ...communication skills? | | | | | |
| (21) | ...consistency in task performance? | | | | | |
| (22) | ...work speed? | | | | | |
| (23) | ...quality of work? | | | | | |
| (24) | ...overall proficiency at this time? | | | | | |

(25) Do you wish to meet with a representative of the supported employment program? Yes _____ No _____

(26) Comments: _____

(27) _____
Signature Date

(28) Return form to _____



SUPPORTED EMPLOYMENT CUSTOMER SATISFACTION FORM

(Items 1 – 12 to be completed by the employment specialists prior to meeting with the customer)

(1) Customer: _____ (2) Social Security No: _____
(3) Employment Specialist: _____
(4) Placement: _____ (5) Job Title: _____
(6) Supervisor: _____ (7) Job Title: _____ (8) Phone: _____
(9) Address of Placement: _____
(10) Hire Date: _____ (11) Full-time: _____ Part-time: _____
(12) Schedule: _____

(Items 13 – 31 to be completed by the customer)

(13) How was this Evaluation Completed? ☐ Personal Interview ☐ Telephone ☐ Mail

Using the following scale, please check one number to the right of each question that best represents your opinion about this employee's present situation:

| 1 | 2 | 3 | 4 | 5 |
|---------------------------|--------------------------|-----------|-------------------|------------------------|
| Extremely Dissatisfied | Somewhat Dissatisfied | Satisfied | Very Satisfied | Extremely Satisfied |

| (14) | How Satisfied are you with your performance in this placement..... | 1 | 2 | 3 | 4 | 5 |
|------|--|---|---|---|---|---|
| (15) | ...timeliness of arrival and departure from work? | | | | | |
| (16) | ...attendance? | | | | | |
| (17) | ...timeliness of breaks and lunch? | | | | | |
| (18) | ...appearance? | | | | | |
| (19) | ...general performance as compared to other workers? | | | | | |
| (20) | ...communication skills? | | | | | |
| (21) | ...consistency in task performance? | | | | | |
| (22) | ...work speed? | | | | | |
| (23) | ...quality of work? | | | | | |
| (24) | ...overall proficiency at this time? | | | | | |
| (25) | ...overall satisfaction with this job | | | | | |
| (26) | ...overall satisfaction with the services provided by the supported employment program | | | | | |
| (27) | ...identification of long term supports | | | | | |
| (28) | ...progress in attaining employment goal | | | | | |

(29) Comments: _____

(30) _____
Customer Signature Date

(31) Return this form to the supported employment specialist

SECTION 5

MR/RD WAIVER SUPPORTED EMPLOYMENT CHAPTER 9

Supported Employment

Definition: Supported Employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by the recipient as a result of their disabilities, and will not include payment for those supervisory activities rendered as a normal part of the business setting.

Supported employment services can be funded by the waiver only when the services are not otherwise available under a program funded under the Rehabilitation Act of 1973, or P. L. 940142. Documentation of this must be maintained in the working file.

In Table 1 you will find a breakdown of the major activities that are provided through Supported Employment and the corresponding number of units to achieve that particular activity. The number of units shown in the table reflects the number of units necessary to accomplish the activities for an **average** Supported Employment placement. When determining the number of units of Supported Employment services needed for an individual take into account the level of need and care for that individual. The table is only a guide for an average placement and is used as a basis for determining actual number of units needed.

Table 1 - Units Based on an Average Placement

| ACTIVITY | UNITS | TOTAL UNITS |
|---|--------------|--------------------|
| 45 Day Referral Process | 15 | |
| Skills Acquisition/ Placement | 40 | |
| Job Training to Stabilization (60 Days) | 75 | |
| 6 Months Follow Along | 12 | |
| TOTAL UNITS | | 142 |

Forty Five (45) Day Referral Process

The forty-five (45) day referral process begins upon receipt of a Supported Employment Authorization for Services (MR/RD Form A-11) form from the Service Coordinator. Upon receipt of the authorization, the Supported Employment staff dates the form the day it is received and begins the referral process. As of that date, the customer is reported as active, receiving Supported Employment services. The following diagram is an outline of the Forty-five Day Referral Process.

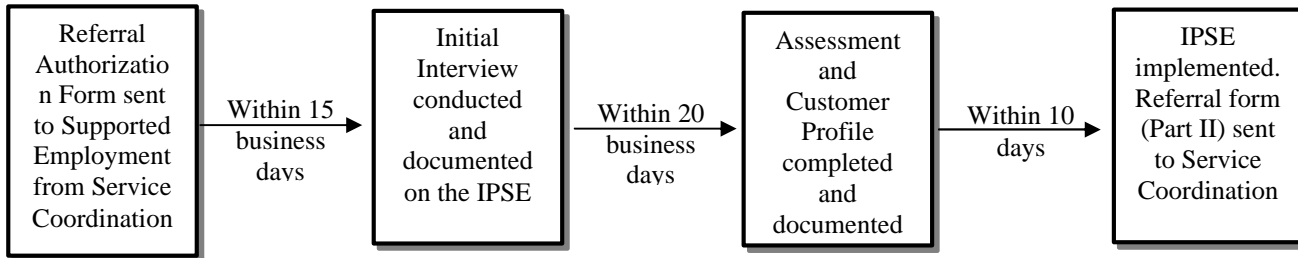


Table 2 - 45 Day Referral Process (based on an average placement)

| ACTIVITY | UNITS | TOTAL UNITS |
|-----------------------------------|-------|-------------|
| Initial Interview | 3 | |
| Assessment for Day Services (ADS) | 6 | |
| Customer Profile | 6 | |
| TOTAL UNITS | | 15 |

Skills Acquisition/Placement: At the conclusion of the 45 Day Referral Process if the customer has not been placed in employment, it is mandatory to provide the necessary skills and experiences needed for the customer to make an informed career choice. This activity entails community based instruction, situational assessments in a natural setting, career awareness, and employment skills acquisition.

Job Training to Stabilization: This component of Supported Employment consists of on-the-job training, identification and placement of long term supports. The Instructional Strategy Plan is used to assist the employment specialist in providing appropriate and accurate training. The Instructional Plan is placement specific and will be developed with the customer to identify needed skills acquisition, activities and supports for a successful placement for the customer. Intervention activities will include those skills necessary to maintain the placement and supported by the employment specialist. These are specific training activities with identified outcomes.

6 Months Follow Along: Contact with the customer and/or the employer must be maintained for at least six (6) months after the customer has gained independence and is working on his own with natural supports. This follow along process is to document the status of the customer's independence in this placement and to evaluate the necessity of additional supports. It is imperative that the long term supports that have been put into place are working and the consumer is stable in this position. At the conclusion of the six month contact period the employment specialist and the consumer will make recommendations concerning needed and wanted long term supports and evaluate the necessity of the continuation of Supported Employment services.

Providers: Supported Employment services are provided by staff who are sanctioned by SCDDSN to provide Supported Employment services.

Arranging for the Service: For those who are eligible to receive Supported Employment services provided by the DSN Board or local provider, their Plan must clearly reflect the need for the service. Once the need is established, SC Vocational Rehabilitation must be contacted to determine if this service is available through a program funded by SCVR. **The Request for Determination of Availability of Service (MR/RD Form VR)** should be used to request this determination. When sending this request to SCVR, you must include a copy of the most current psychological evaluation along with a signed release of information form. **Until the evaluation is completed by SCVR supported employment services cannot be authorized through the MR/RD Waiver**

If a determination is received from South Carolina Vocational Rehabilitation stating that the individual does qualify for services provided by South Carolina Vocational Rehabilitation then the recipient and the Service Coordinator would need to contact South Carolina Vocational Rehabilitation to arrange for services. This service **would not and cannot** be funded through the MR/RD Waiver, but should still be reflected in the individual's plan.

Once determination is received (this documentation should never be removed/purged from the working file), if services are not otherwise available, waiver funding can be authorized. The recipient should be given a choice of providers of this service and the offering of choice must be documented. The recipient and/or his/her legal guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the recipient and/or his/her legal guardian and documented.

The recipient's plan should reflect the training or supervision needed to sustain employment and the frequency. For Supported Employment services, one unit equals one hour of service. Prior to adding Supported Employment Services to the Waiver Tracking System, you must first ensure the service is added on the STS. If Supported Employment Services are not already on the STS, you cannot add it to the Waiver Tracking System.

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the services to the Waiver Tracking System. To budget the number of units for Supported Employment services refer to Table 1 for Assessment information and Table 2 for skill acquisition/placement, job training, stabilization and 6 months follow along.

Once the request is approved, Supported Employment Services can be authorized using the **Authorization for Services (MR/RD Form A-11)**. The **MR/RD Form A-11** authorizes the Supported Employment provider to bill the local DSN Board for services rendered (in many cases the board will be the provider of Supported Employment services).

Monitoring the Services: You must monitor the service to assure that the service is effective and the recipient/family are satisfied with the service. The following policies should be followed:

Supported Employment Services

- At least monthly for the first two months
- At least quarterly thereafter

- Start over with each new provider or location

Monitorship of this service may occur during contact with the individual/family or the provider of services. Some items to consider during monitorship include:

- Where does the individual work?
- What type of work is the individual doing?
- What are their work hours?
- Do they want more hours or less?
- What is the Job Coach doing (specifically) for this individual?
- Is the Job Coach effective with assistance and training?
- How often does the individual see the Job Coach?
- Do they like where they work or do they wish to make a change?
- What are their job responsibilities? Are they too much for the individual? Do they want more responsibilities?
- How are they doing on the job? Are they accomplishing their job duties? Is the employer pleased with their work performance?
- How much income do they generate?
- Is transportation a problem?
- Are they on time to work?
- Is the individual satisfied with his/her current employment? Has his/her employment status changed since your last contact?
- Does the individual feel that he/she is receiving the amount of support needed at the worksite?
- Is the amount of services being received reviewed and changed, as the individual's needs change?
- Is the individual satisfied with the provider of services? Does the individual feel that the provider shows them courtesy and respect when delivering the service?

See Monitorship of MR/RD Waiver Services Chapter 10 for more specific details and guidance.

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 8* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Supported Employment Services

Assessment of Need for Services:

☐ Assessment _____ (number of units)

Authorization for Implementation of Services:

Number of Units Per Year: _____

(one unit = 1 hour of service)

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

South Carolina Department of Disabilities and Special Needs
MR/RD Waiver
Request for Determination of Availability of Service

Name _____

Address _____

Date of Birth _____

SS#

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

The above referenced person needs:

☐ prevocational services are aimed at preparing an individual for paid or unpaid employment, but are not job task oriented and are not directed at teaching job specific skills. Activities included in this service are directed at teaching habilitative goals such as attention span or motor skills. Services include teaching concepts such as compliance, attendance, endurance, task completion, problem solving and safety.

OR

☐ supported employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision.

as defined by South Carolina's Mental Retardation/Related Disabilities Waiver (MR/RD Waiver). As stated in the MR/RD Waiver, this service can be funded by the MR/RD Waiver if the service is not "otherwise available under a program funded under the Rehabilitation Act of 1973 or P. L. 94-142".

Please determine if these services are available under a program noted above and send a statement of this determination the Service Coordinator noted below. A copy of the consumer's most recent psychological evaluation is attached along with a signed release of information.

Service Coordinator: _____

Board/Provider: _____

Address: _____

Phone Number: _____

****This form must remain in the working file at all times.****

A copy of the most current psychological evaluation and a signed release of information form must be included.

MR/RD Form VR (10/03)

SECTION 6

RESOURCES

- ☐ ***Supported Employment Training Schedule***
- ☐ ***Optional Forms***
 - ***Job Analysis Form***
 - ***Production Rate Recording Form***
 - ***Percent Time On-Task Data***
 - ***Situational Assessment***
- ☐ ***Basic Components of the Individual Placement Approach in Supported Employment***
- ☐ ***APSE Supported Employment Competencies***
- ☐ ***Ethical Guidelines for Professionals in Supported Employment***
- ☐ ***APSE Supported Employment Quality Indicators***
- ☐ ***APSE Position on Olmstead and Supported Employment***
- ☐ ***Self-Advocacy/Self-Determination Fact Sheet***
- ☐ ***Assessment Fact Sheet***
- ☐ ***Transition: A Program Model***
- ☐ ***South Carolina One Stop Centers***
- ☐ ***South Carolina Pathways to Employment (Benefit Specialists)***
- ☐ ***South Carolina State Resources***
- ☐ ***For More Information***

SECTION 7

Supported Employment Handbook: A Customer-Driven Approach

*-Edited by: Valerie Brooke, Katherine J. Inge, Amy J. Armstrong and Paul Wehman
Rehabilitation Research and Training Center on Supported Employment, Virginia Commonwealth University*

<http://www.worksupport.com/Main/semanual.asp>

-From the Preface

We now know, for example, that there are regular illustrations of competitive employment on the part of persons who heretofore were institutionalized in nursing homes, adult activity centers, or state facilities in most communities throughout America. There are persons who once banged their heads 30 times a minute working successfully in hotels with appropriate co-worker and employment specialist support. We can visit persons with severe physical and communication challenges at their jobs as computer programmers in university settings. We are able to finally give real hope to parents of children born with severe autism. Dual sensory impairments or Down Syndrom and say: "Yes, competitive employment can be a reality." This is an enormous accomplishment. It should not be taken lightly nor overlooked, since it provides a gold standard or beacon for people with significant disabilities and their families to aim toward.

Despite the marvelous gains and progress made in the venue of work, we still have barely scratched the surface. Too many people have been left behind who want to work but need support. There are people who want to have a life, a real life, but have been captured into dead end environments that do not offer growth. As yet, the Americans with Disabilities Act (ADA) has not helped these individuals nor has supported employment technology. They have been left behind.

Furthermore, the quality of supported employment programs is uneven and disparate from community to community and state to state. The lack, of quality in supported employment programs casts a shadow on the power of this approach. When any good idea is not implemented correctly, it usually will not lead to the desired results. Supported employment is no different.

Therefore, the purpose of this manual is to provide a contemporary training resource on implementing supported employment using a customer-driven approach. This is a model that works when the customer directs the process. We must be prepared to support the customers of supported employment to obtain the careers of their choice. With this challenge in hand I hope you find this manual helpful as you provide customer-driven services.

*-Paul Wehman, Director
RRTC, Virginia Commonwealth University
February, 1997*